



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT
APPLICATION FOR A WELL CONSTRUCTION /
PUMP INSTALLATION PERMIT

For Official Use Only:

Instructions: Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by 8 copies and a non-refundable filing fee of **\$25.00** payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at **587-0225**. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrm>.

WELL LOCATION INFORMATION					
1. STATE WELL NO. (if already assigned)		2. WELL NAME		3. ISLAND	
				4. TMK _____ - _____ - _____ : _____ zone sec plat parc	
The following be attached before this application is accepted as complete (check off if attached): <input type="checkbox"/> Portion of 7.5-Minute Series USGS topographic map (scale 1:24,000) with well location labeled and include the name of the quad map <input type="checkbox"/> Property tax map, showing well location referenced to established property boundaries <input type="checkbox"/> Photograph of the proposed well site <input type="checkbox"/> A schematic diagram showing the well site, access road and proposed well infrastructure (if applicable)					
5. WELL OPERATOR'S NAME/COMPANY		Well Operator's Contact		6. LANDOWNER'S NAME/COMPANY	
				Landowner's Contact	
Well Operator's Mailing Address			Landowner's Mailing Address		
Well Operator's Phone		Well Operator's Fax		Well Operator's E-mail	
7. Have you consulted with the Historic Preservation Division of the Department of Land and Natural Resources regarding potential impacts of well construction activities on historic sites? <input type="checkbox"/> Yes (please attach applicable documentation from Historic Preservation) <input type="checkbox"/> No (attach a short description of history of past land use)					
PROPOSED WELL CONSTRUCTION			PROPOSED PUMP INSTALLATION		
8. Proposed Work <input type="checkbox"/> Construct New Well <input type="checkbox"/> Modify Existing Well <input type="checkbox"/> Abandon/Seal Well		9. Construction Type <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Shaft <input type="checkbox"/> Tunnel		11. Proposed Work <input type="checkbox"/> Install New Pump <input type="checkbox"/> Replace Pump	
				12. Proposed Pumping Rate, gpm (gallons per minute)	
				13. Proposed Amount of Withdrawal, gpd (gallons per day)	
				14. Method of flow measurement <input type="checkbox"/> Flowmeter <input type="checkbox"/> Open Pipe <input type="checkbox"/> Weir <input type="checkbox"/> Orifice <input type="checkbox"/> Other (explain)	
10. Is this well part of a battery of wells? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Proposed Surveyor name and license number (a surveyor is required for all Well Construction Permits and may be required for some Pump Installation Permits)					
PROPOSED USE					
<input type="checkbox"/> 16. Municipal (water systems serving greater than 25 individuals or 15 service connections)					
<input type="checkbox"/> 17. Domestic Number of units to be served: _____					
<input type="checkbox"/> 18. Industrial (describe)					
<input type="checkbox"/> 19. Irrigation (describe crop and no. of acres)					
<input type="checkbox"/> 20. Military (describe)					
<input type="checkbox"/> 21. Other (describe)					
OTHER LEGAL REQUIREMENTS <i>If required, items 22. and 23. must be obtained before the Commission can legally issue a permit:</i>					
22. Conservation District Use Permit (CDUP) <input type="checkbox"/> Required, CDUP # _____ date approved _____ <input type="checkbox"/> Not Required (attach documentation from OCCL)					
23. Special Management Area Permit (SMAP) <input type="checkbox"/> Required, SMA # _____ date approved _____ <input type="checkbox"/> Not Required (attach documentation from applicable County agency)					
Additional remarks, explanations, etc. (attach additional sheet if more space is needed)					
NOTE: Signing below indicates that the signatories understand and swear that the information provided is accurate and true to the best of their knowledge. Further, the signatories understand that upon permit approval: 1) the proposed work is to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion/abandonment report within 60 days after the completion date of the permitted work; 3) in the event that the application is not completed correctly, any permit may be suspended until the item is brought in to compliance, and any work done while the permit is in suspension may result in fines of up to \$5000/day.					
24. WELL DRILLER (Must be filled out if application is for Well Construction)			25. PUMP INSTALLER (Must be filled out if application is for Pump Installation)		
_____ Licensee business name C-57 License No.			_____ Licensee business name C-57/C-57a/A License No.		
_____ Signature Print Date			_____ Signature Print Date		
_____ Address			_____ Address		
_____ Phone Fax E-mail			_____ Phone Fax E-mail		

(Please attach schematic if different from diagram provided below)

Please refer to the
**HAWAII WELL CONSTRUCTION AND
PUMP INSTALLATION STANDARDS**
to ensure that your as-built is in compliance with
applicable standards.

* The approximate elevation must be referenced to mean sea level (msl) at the time of application filing. Final elevations of well components shall be submitted in the Well Completion/Well Abandonment reports and referenced to a benchmark which has been established by a surveyor licensed by the State.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,

$$\text{Bottom Elevation of Well Limit} = \left(\text{Water Elevation} - \frac{41 \times \text{Water Level Elevation}}{4} \right)$$

Example: Estimated + 2 ft. Water Level Elev. \rightarrow Bottom Elevation of Well Limit = $(2 - \frac{41 \times (2)}{4}) = -18.5$ ft.

Solid Casing Material:

Carbon Steel: compliant with (check one or more): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 (or A606) ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) ☐ Schedule 40 ☐ Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120

Thermoset Plastic: (check one)

- ☐ Filament Wound Resin Pipe conforming to ASTM D2996
- ☐ Centrifugally Cast Resin Pipe conforming to ASTM D2997
- ☐ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- ☐ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- ☐ PTFE Fluorocarbon Tubing conforming to ASTM D3296
- ☐ FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:

Carbon Steel: compliant with (check one or more): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 (or A606) ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) ☐ Schedule 40 ☐ Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120

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